

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 588362

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
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9						
10		4				
11		4				
12		4				
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37		18				
38		18				
39		18				
40		18				
41		18				
42		1				
43		1				
44		1				
45		1				
46		1				
47						
48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	139	←		←		←
TOTAL CLAIMS	140					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						